# CITY OF RIVERSIDE



Building & Safety Division 3900 Main Street, Riverside, CA 92522 FAX: (909) 826-5622

## e FAX PERMIT CREDIT CARD AUTHORIZATION e

(Use this form to authorize payment by credit card for construction permits)

For permits indicated on the attached FAX, please charge our (please check one)					
" Visa " MasterCard Note: No other credit cards are accepted					
Account Number					
~~~&~~	~	~&~~	-~~&~	~ ~ ~	
Expiration Date		\$ Amount of Per	rmit (see page 3 for fe	es)	
~~&~~		\$~~	~ ~ . ~ ~		
Name					
Mailing Address					
City	State	ZIP Code	Telephone Number	FAX Number	
Authorized Card Holder Signature				Date	
(This Box to be completed by Build	ing & Sai	fety Staff) Permit	Number:		

### INSTRUCTIONS FOR FAX CREDIT CARD PERMITS

- 1. Complete and FAX the following 3 forms to us at (909) 826-5622:
  - a. This FAX Credit Card Authorization Form
  - b. The FAX Permit Application
  - c. The FAX Permit Fee Worksheet
    (Either the Re-roof Form or the Plumbing-Mechanical-Electrical Form)
- 2. We will process your FAX permit applications during working hours as they are received, usually within 24 hours.
- 3. We will FAX you a copy of the permit and mail you the job card and receipt.
- 4. Inspections will be performed at your request. You may request an inspection after the permit has been issued by calling (909) 826-5361.

## CITY OF RIVERSIDE

### Building & Safety Division FAX: (909) 826-5622 e FAX PERMIT APPLICATION e



NOTE: ONLY A <i>LICENSED CONTRACT</i>	<i>tor</i> or the <u>legal propert</u>	TY OWNER MAY APPLY FOR THIS PE	RMIT.	
Job Address:				
IF YOU ARE A <u>LICENSED CONTRACTO</u>	<u>PR</u> APPLYING FOR THE PERMIT, C	COMPLETE THE (CONTRACTOR 8	PROPERTY OWNER'S	**************************************
Contractor Name:			Phone #:	
Business Address:		City:	State:	Zip:
Contractor's License #:			#:	
CONTRACTORS You must a	also complete the informat	ion contained in Boxes Î, Đ	<u>, Ñ, &amp; Ò below</u> .	*****
IF YOU ARE THE <u>LEGAL PROPERTY OW</u>				
Property Owner's Name:			Phone #:	
Property Owner's Address:		City:	State:	Zip:
Property Owner's Address:  PROPERTY OWNERS You n	must also complete the info	ormation contained in Boxes	<u>Í, Ñ, &amp; Ò below.</u>	*****
LICENSED CONTRACTORS DECL Professions Code, and my license is in full force and	LARATION   Thereby affirm that I am			
License Class	Lic. No:		Date	1 1
Contractor Signature	********	********	******	*****
OWNER-BUILDER DECLARATION				
countywhichrequires a permit to construct, alter, impropursuant to the provisions of the Contractors Licer basis for the alleged exemption. Any violation of Se	ove, demolish, or repair any structure, p nse Law (Chapter 9 (commencing with	orior to its issuance, also requires the applica Section 7000) of Division 3 of the Business a	nt for such permit to file a signed and Professions Code) or that he	statement that he or she is licensed or she is exempt therefrom and the
" I, as owner of the property, or my employees w Thecontractors License Law does not apply to an ow improvements are not intended or offered for sale. not build or improve for the purpose of sale).	wner of property who builds or improve	es thereon, and who does such work himself	f or herself or through his or her	own employees, provided that such
11 I, as owner of the property, am exclusively co an owner of property who builds or improves there				ctors License Law does not apply to
"   am exempt under Sec		B & P.C. for this reason		
Date/ Owner S	Signature	*********	******	******
D workers' compensation de				
" Ihaveandwill maintain a certificate of consent to sel	lf-insure for workers' compensation, as	provided for by Section 3700 of the Labor C	ode, for the performance of the	work for which this permit is issued.
" I have and will maintain workers' compensation insurance carrier and policy number are:	n insurance, as required by Section 370	0 of the Labor Code, for the performance of	the work for which this permit is	issued. My workers' compensation
Carrier & Policy No(This section need not be completed if the permit is	is for one hundred dollars (\$100) or less	s).	(ATTACH A CO	PY OF YOUR CERTIFICATE)
" I certify that in the performance of the work fo agree that if I should become subject to the worker.	or which this permit is issued, I shall not	employ any person in any manner so as to b		ompensation laws of California, and
Date / / Applica WARNING: FAILURE TO SECURE WORKERS' COM THOUSAND DOLLARS (\$100,000), IN ADDITION	MPENSATION COVERAGE IS UNLAWFU			
$\widetilde{\widetilde{N}}$ construction lending agen (Sec. 3097, Civ.C.).	NCY I hereby affirm under penalty of p	perjury that there is a construction lending ag	jency for the performance of the	work for which this permit is issued
Lender's Name	******	Lender's Address	******	********
<b>Ò APPLICANT'S SIGNATURE</b> I certify that to building construction, and hereby authorize rep	t I have read this application and state t	hat the above information is correct, I agree	to comply with all city and coun	
Signature of Applicant (Contractor or Ow	wner)	Print Name	DOC:	// Date G:\BLDG\HANDOUTS\FAX.APP

# CITY OF RIVERSIDE e FAX PERMIT FEE WORKSHEET - RE-ROOF e



### **DESCRIPTION OF WORK (PLEASE CHECK ONE):**

- "Re-roof over existing asphalt shingles with asphalt shingles (no more than 2 overlays shall be applied over an existing roof).
- " Remove existing roofing and re-roof with asphalt shingles.
- " Hot mop or Built-up re-roof (all original roofing must be completely removed).
- "Remove existing roofing, re-sheath the roof with plywood and re-roof with asphalt shingles (No structural member modifications).

Note: Re-roofing projects different than those listed above are not allowed to be permitted by FAX Application. For re-roof projects other than those listed above, please visit the Building & Safety Division office at 3900 Main Street.

#### **Inspection Request Information**

- If <u>re-sheathing</u> (i.e. new plywood over more than 25% of the roof) is part of the project, please call to schedule a Nailing Inspection <u>before</u> roofing over the new sheathing. Then, after the new roofing material is installed, please call (909) 826-5361 to schedule a *Final Inspection*.
- o If <u>no re-sheathing</u> is being done, and you know that the work will be <u>completed</u> by a certain date, you may schedule the date of the *Final Inspection* here or you may call (909) 826-5361 when ready for the inspection.

date of the <i>Final Inspection</i> here of you may ca	all (909) 626-5361 when ready for the ins	pection.			
	Requested Final Inspection Date:	1	1		
		Month	Day	Year	
Enter Roof Area (SQ. FT.) Here:	Enter Permit Fee Amount Here: \$				

New Roofing over Exi (Maximum of 3 roof (No Hot Mop or Built	coverings)	Remove Existing Roofing, Remove Existing Roofing Then Apply New Roofing Apply New Roof Sheathi And New Roofing		Sheathing	
Roof Area (SQ. FT.)	Permit Fee	Roof Area (SQ. FT.)	Permit Fee	Roof Area (SQ. FT.)	Permit Fee
0 - 500	\$49.50	0 - 333	\$49.50	0 - 250	\$49.50
501 - 1,000	\$60.50	334 - 666	\$60.50	251 - 500	\$60.50
1,001 - 1,500	\$71.50	667 - 1,000	\$71.50	501 - 750	\$71.50
1,501 - 2,000	\$82.50	1,001 - 1,333	\$82.50	751 - 1,000	\$82.50
2,001 - 3,000	\$92.40	1,334 - 2,000	\$92.40	1,001 - 1,500	\$92.40
3,001 - 4,000	\$102.30	2,001 - 2,666	\$102.30	1,501 - 2,000	\$102.30
4,001 - 5,000	\$112.20	2,667 - 3,333	\$112.20	2,001 - 2,500	\$112.20
5,001 - 6,000	\$122.10	3,334 - 4,000	\$122.10	2,501 - 3,000	\$122.10
6,001 - 7,000	\$132.00	4,001 - 4,666	\$132.00	3,001 - 3,500	\$132.00
7,001 - 8,000	\$141.90	4,667 - 5,333	\$141.90	3,501 - 4,000	\$141.90
8,001 - 9,000	\$151.80	5,334 - 6,000	\$151.80	4,001 - 4,500	\$151.80
9,001 - 10,000	\$161.70	6,001 - 6,666	\$161.70	4,501 - 5,000	\$161.70
10,001 - 11,000	\$171.60	6,667 - 7,333	\$171.60	5,001 - 5,500	\$171.60
11,001 - 12,000	\$181.50	7,334 - 8,000	\$181.50	5,501 - 6,000	\$181.50
12,001 - 13,000	\$191.40	8,001 - 8,666	\$191.40	6,001 - 6,500	\$191.40
13,001 - 14,000	\$201.30	8,667 - 9,333	\$201.30	6,501 - 7,000	\$201.30

NOTE: For larger roof areas, please contact the Building & Safety Division for Fee Information

DOC: G:\BLDG\HANDOUTS\CREDIT2.FEE

# CITY OF RIVERSIDE



## e fax permit fee worksheet - plumbing, mechanical, electrical e

Only the **Residential** items listed below are allowed to be permitted by this FAX Permit Application. These types of permit activities generally do not require plans nor approvals from other City Departments prior to permit issuance.

**Note:** Projects different than those listed below are not allowed to be permitted by FAX Application. For projects different than those listed below, please visit the Building & Safety Division at 3900 Main Street.

COMPLETE THIS WORKSHEET TO DETERMINE FEE						
DESCRIPTION	NUMBER	FEE	TOTAL			
ISSUANCE FEE- applicable to each permit		\$33.00				
RESIDENTIAL PLUMBING ITEMS						
Water heater replacements (up to 100kBTU)		\$9.90				
Add one gas outlet to an existing gas system		\$3.30				
Replacement of <u>one</u> of the following existing fixtures: sink, lavatory, shower, tub, toilet, dishwasher, garbage disposal		\$5.50				
Replacement of an existing sewer lateral		\$17.60				
Water Pipe replacement/repair (not entire re-pipe)		\$5.50				
Drain-Vent replacement/repair (not entire re-plumb)		\$5.50				
Addition of a hose bibb		\$5.50				
Lawn sprinkler system		\$8.80				
RESIDENTIAL MECHANICAL ITEMS						
Forced Air Furnace Replacement (up to 100kBTU)		\$9.90				
Forced Air Furnace Replacement (over 100kBTU)		\$12.10				
Air Conditioning Unit Replacement (up to 3 ton or 100kBTU)		\$9.90				
RESIDENTIAL ELECTRICAL ITEMS						
Add one 110 volt electrical outlet, receptacle, switch or light		\$5.50				
	тот	AL FEE	\$			

**Inspection Information:** All permitted work must be inspected by a City of Riverside Building Inspector before it is concealed from view. Please call (909) 826-5361 and schedule an inspection when the work is ready.

DOC: G:\BLDG\HANDOUTS\CREDIT3.FEE